

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/890632</b>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1	1					51		
2	1		1				52		
3	2		1				53		
4	2		1				54		
5	2		1				55		
6	1						56		
7	1						57		
8							58		
9	3						59		
10	①						60		
11	①						61		
12							62		
13	1						63		
14	1						64		
15	1						65		
16	1						66		
17							67		
18							68		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1				TOTAL IND.		
TOTAL DEP.			4				TOTAL DEP.		
TOTAL CLAIMS		3					TOTAL CLAIMS		